



PTO/SB/17 (01-06) *Jew*

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Complete If Known

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)
Effective 01/08/2004.

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 0.00

Application Number 10/773,320

Filing Date February 9, 2004

First Named Inventor FELIX HENRY

Examiner Name Jeffery A. Brier

Art Unit 2672

Attorney Docket No. 01807.101404

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
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 fee(s) under 37 C.F.R. 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description Small Entity
 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Fee(\$) Fee(\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Fee(\$) Fee(\$)

Multiple dependent claims Fee(\$) Fee(\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
40	- 20 or HP = 0	x 0	= 0	<u>Fee(\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				0 0

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
4	- 3 or HP = 0	x 0	= 0
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 = (round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____

Other: _____

SUBMITTED BY			
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Name (Print/Type)	Mark A. Williamson		Date: February 28, 2006

MJD:MAW:eyw

01807.101404



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
FELIX HENRY) Examiner: Jeffery A. Brier
Appln. No.: 10/773,320) Group Art Unit: 2672
Filed: February 9, 2004) Confirmation No.: 6653
For: NAVIGATION CONTROL IN AN) February 28, 2006
IMAGE HAVING ZOOMABLE AREAS)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND SUBMISSION OF REPLACEMENT DRAWINGS

Sir:

Introductory Comments

In response to the Official Action mailed November 28, 2005, the Examiner is requested to amend the above-identified application as follows.